


2009 2009 2009 *Open Enrollment*

Active Employees



2009

Health • Prescription • Dental



State of Delaware

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Introduction



2009 Benefits Open Enrollment

The State Employee Benefits Committee presents your 2009 Open Enrollment information. The Committee strives to maintain a comprehensive benefit package for State employees and pensioners. Presented with difficult financial times, premiums for health care have been increased for the first time in four years. We encourage you to review your health, dental, vision and group legal coverage and choose the plans that are right for you! The 2009 Open Enrollment period is your once-a-year opportunity to enroll, make changes or terminate coverage in these plans. Please visit the Statewide Benefits website at www.ben.omb.delaware.gov for additional information.

Statewide Benefits Office Mission Statement

Our mission is to support the health of employees and pensioners by providing progressive comprehensive benefits, quality customer service, ongoing employee education and efficient management to ensure the best interests of program participants.

What's New!

Save Money on a 90-day Supply of Medication!

- Beginning July 1, 2009, members will have the option of purchasing NEW maintenance medications for a 90-day supply, through a participating 90-day retail pharmacy or Medco mail order facility without first filling for a 30-day supply. Members who wish to ensure that the medication is effective and do not want to purchase more than a 30-day supply, after July 1, 2009, will be allowed to fill their NEW and existing maintenance medications for a maximum of three 30-day supplies. After obtaining three 30-day supplies, members will be required to purchase the maintenance medication at a 90-day supply. This results in savings for the member and the State of Delaware. Members who do not choose to fill a maintenance medication for a 90-day supply after filling the medication for three 30-day supplies, will be charged a co-pay equivalent to the applicable 90-day co-pay for the medication.

VSP Vision Plan!

- All employees currently enrolled in the vision plan through VSP must re-enroll during the 2009 Open Enrollment period to validate the coverage and dependent information provided by AdminAmerica. You will receive an enrollment booklet from VSP the week of April 20 with everything you need to enroll. If you don't receive the booklet by May 1, contact VSP Member Services at 800.400.4569. Failure to re-enroll will result in termination of your coverage on July 1, 2009. The allowance for frames & contact lenses has been increased to \$160 with no change in monthly premiums.

Second Opinion Program

- Due to financial constraints, the Second Opinion Program through Best Doctors will be discontinued as of July 31, 2009. A second opinion can be obtained through your medical plan if desired.

The benefits you elect during the Open Enrollment period will take effect July 1, 2009.

Coordination of Benefits

If you cover your spouse in one of the State of Delaware Group Health Insurance medical plans, you **MUST** complete a new Spousal Coordination of Benefits form each year during Open Enrollment and anytime your spouse's employment or insurance status changes.

Failure to complete this form will result in a reduction of spousal benefits.


You may complete the form online at www.ben.omb.delaware.gov/documents/cob or you may complete the form on page 17 and submit it to your Human Resources or Benefits Office no later than May 20, 2009. **Go to page 16 for complete details.**

Please keep this booklet as a reference to use throughout the plan year.



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2009 Enrollment Action Checklist



OPEN ENROLLMENT is May 4th - May 20th, 2009

DEADLINE: You must enroll online on the eBenefits site at <https://phstrapd.spo.state.de.us> by May 20, 2009

- ☐ Read all Open Enrollment information contained in this booklet.
- ☐ Mark your calendar to attend one of the Statewide Benefit Health Fairs (see page 21 for dates, times, and locations).
- ☐ Review “Open Enrollment Frequently Asked Questions” (FAQ) located on the Statewide Benefits website at www.ben.omb.delaware.gov/oe.
- ☐ If you wish to enroll or continue enrollment in the VSP Vision Plan, you must re-enroll via website www.vsp.com/go/stateofdelaware or call 1-800-400-4569. Failure to re-enroll will result in coverage termination on June 30, 2009.
- ☐ If you are not making any changes and **do not cover a spouse** under your State of Delaware Group Health Insurance medical plan, no action is required.
- ☐ **If you cover your spouse in one of the State of Delaware Group Health Insurance medical plans**, go to page 16 for complete details.
- ☐ **If your spouse is covered by the BCBSD Special Medicfill supplement plan, no spousal coordination of benefits form is required for your spouse.**
- ☐ Review State of Delaware HIPAA Privacy Notice at www.ben.omb.delaware.gov/hipaa.
- ☐ Review **NOTICE OF CREDITABLE COVERAGE** regarding Medicare Part D prescription coverage at www.ben.omb.delaware.gov/script.

If you are enrolling in any plan or enrolling a spouse or dependent for the first time...

- ☐ If enrolling in an HMO (health or dental) plan for the **FIRST TIME**, make sure, **before you enroll**, that your health or dental provider participates in the plan you select and enter their provider information online when you enroll.
REMEMBER: You cannot change plans during the plan year if your provider decides to no longer participate in the plan.
- ☐ If enrolling a spouse for the **FIRST TIME**: You must supply a copy of your marriage certificate to your organization’s Human Resources or Benefits Office.
- ☐ If enrolling a dependent for the **FIRST TIME**: You **MUST** submit a copy of the birth certificate or other legal document to your organization’s Human Resources or Benefits Office.
- ☐ If enrolling in the Blood Bank for the **FIRST TIME**: You **MUST** enroll online and complete a Blood Bank application to submit to your organization’s Human Resources or Benefits Office.

To enroll or make changes online in your health, dental or blood bank coverage:

- ☐ Refer to the eBenefits Quick Reference Guide (online at www.ben.omb.delaware.gov/oe) for complete login and enrollment instructions.
- ☐ **If you have general online enrollment or benefits questions**, call the Open Enrollment Help Desk at 1-800-489-8933 from 8 a.m. to 4:30 p.m. Monday through Friday during the Open Enrollment period.
- ☐ **If you do not have access to a computer**, or have questions about your benefits or eligible dependents, contact your organization’s Human Resources or Benefits Office.
- ☐ **If you have login issues or require password reset assistance**, call 1-866-751-7833 from 8:00 a.m. to 4:30 p.m. Monday through Friday during the Open Enrollment period.
- ☐ **Review the Confirmation Statement** being mailed to your home the week of May 25, 2009. If your elections are correct, please keep the statement for your records. If an error has been made, make the necessary corrections on the Confirmation Statement and return it to your organization’s Human Resources or Benefits Office by June 5, 2009. **No changes will be accepted after June 5, 2009.**

About Your Health Care Coverage



Notice of Special Enrollment Rights

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. To request special enrollment or obtain more information, contact your organization's Human Resources or Benefits Office.

***Requests for special enrollment rights must be made within 30 days of the date of the qualifying event.**

Special Enrollment Rights for Individuals Eligible for the Delaware Healthy Children Program (CHIP)

Effective April 1, 2009, if you or a dependent are eligible for but not enrolled in coverage under one of the State of Delaware Group Health Insurance plans, you may enroll in coverage if you or your dependent's Medicaid or CHIP coverage is terminated as a result of loss of eligibility for that coverage, or you or your dependent become eligible for a premium assistance subsidy under Medicaid or CHIP (not currently offered in Delaware). You must request enrollment in the plan within 60 days of the date you or your dependent lost Medicaid or CHIP coverage or within 60 days of the date your eligibility for premium assistance is determined under Medicaid or CHIP.

Qualifying Events

You may not make changes at any other time during the year unless you experience a qualifying event. Therefore, if you want to make any changes in your coverage, now is the time to do it.

Qualifying events include, but may not be limited to:

- Birth or adoption of a child
- Marriage
- Divorce
- Employment of spouse
- Involuntary loss of spouse coverage
- Spouse's employment termination
- Child now eligible for coverage
- Death of a spouse or dependent
- Spouse becomes a State of Delaware employee

If you want to make a benefit or dependent change as a result of a qualifying event during the year, you must contact your organization's Human Resources or Benefits Office within 30 days of the qualifying event and request the change.

You can find a complete copy of the State's Group Health Insurance Program Eligibility and Enrollment Rules at www.ben.omb.delaware.gov/documents.

2009

About Your Health Care Coverage



Health Plan Descriptions

Aetna HMO

Simple, Smart and Save...Choose Aetna this Open Enrollment!

- **Local and National Network Access**-It's simple to access care from Aetna's large network of providers in DE, PA, SNJ, MD...and across the country!
- **Get Smart About Your Health**-Aetna's HMO includes your own Personal Health Record (PHR) and a 34 condition Disease Management Program to help you optimize your health.
- **Save with Aetna Discount Programs**-Aetna offers discounts such as: Vision Discounts, Gym Discounts, Vitamin and Gym Equipment Discounts, Hearing Aid Discounts, Massage Therapy Services and more. Join Aetna and get these additional perks!

Referrals are required for certain services and are obtained through your primary care physician.

Call customer service at 877-542-3862 to learn more about how **Aetna HMO** has everything you need to help you be your healthiest. Additional information can be viewed at www.ben.omb.delaware.gov/medical/Aetna

Blue Cross Blue Shield of Delaware: First State Basic Plan

In-network services will have a deductible of \$500 per individual and \$1000 per family. The plan will then pay at 90% of the BCBSD allowable charge. There is also a coinsurance limit of \$1500 per individual and \$3000 per family. The out-of-pocket maximum (see page 5) applies to medical services only per plan year. Copayments for prescription medications are not applied to the out-of-pocket maximum. Preventive services are covered in network at 100% of the allowable charge and are not subject to a deductible or co-insurance.

Out-of-network services will be subject to a deductible of \$1000 per individual and \$2000 per family and then the plan will pay at 70% of the allowable charge. The out-of-network coinsurance limit is set at \$3000 per individual and \$6000 per family per plan year. (see page 5)

Blue Cross Blue Shield of Delaware: Comprehensive Preferred Provider Organization(PPO) Plan

Using in-network services you will pay a small copay/coinsurance with no deductible. If you use out-of-network providers, you must meet a \$300 per person/\$600 per family plan year deductible unless otherwise noted. The out-of-pocket maximum is \$1800 per person/\$3600 per family (including the deductible) per plan year. The out-of-pocket maximum applies to medical services only. Copayments for prescription medications are not applied to the out-of-pocket maximum.

Blue Cross Blue Shield of Delaware Blue Care® HMO

Blue Care® is BCBSD's HMO-Managed Care plan in which each member must select a primary care physician (PCP) to coordinate his/her health care needs. Referrals are required for certain services and are obtained through your primary care physician.

NOTE: BCBSD's allowable charges are based on the price BCBSD determines is reasonable for care or services provided.

***Complete information on all Blue Cross plans, including a summary plan description, can be found at**

www.ben.omb.delaware.gov/medical/bcbs

Adult Dependent Program (ages 21 to 24)

The Adult Dependent Program is available to members of the State of Delaware's Group Health Insurance program to provide a period of health care coverage to adult dependents between the ages of 21 and 24 who are no longer eligible to be covered under the parent or legal guardian's State of Delaware plan due to age and non-student status.

An Adult Dependent must enroll in the same plan which provides coverage to their parent or legal guardian who has Group Health Insurance through the State of Delaware. Contact the appropriate health care carrier (Blue Cross Blue Shield of Delaware or Aetna) directly for more detailed information on eligibility, enrollment and payment requirements.

Enrollment is available during Open Enrollment or within 30 days of loss of coverage under the parent or legal guardian's State of Delaware plan.

Additional information can be viewed at www.ben.omb.delaware.gov/medical

Tip: Considering an HMO?

Go to the Statewide Benefits, OMB website at www.ben.omb.delaware.gov, under Group Medical Plans, select carrier (Blue Cross or Aetna). Select "Find a Health Care Provider" for BCBSD OR select "Locate Participating Providers - Doc Find" for Aetna to check on which health care professionals are on their approved provider lists.

Summary of Benefits



First State Basic Plan

This Summary of Benefits highlights the health plans available. After your health plan selection, you'll receive a Summary Plan Booklet delivered to your home address. All percentages listed below refer to Blue Cross Blue Shield of Delaware's allowable charges.

Description of Benefit	In-Network Benefits Deductible: \$500/\$1000*	Out-of-Network Benefits Deductible: \$1000/\$2000*
	Out-of-Pocket Max: \$2000/\$4000** including deductible	Out-of-Pocket Max: \$4000/\$8000** including deductible
Inpatient Room & Board	90% after deductible	70% after deductible
Inpatient Physicians' and Surgeons' Services	90% after deductible	70% after deductible
Outpatient Services	90% after deductible	70% after deductible
Prenatal and Postnatal Care	90% after deductible	70% after deductible
Delivery Fee	90% after deductible	70% after deductible
Hospice	90% after deductible for up to 240 days	70% after deductible for up to 240 days
Home Care Services	90% after deductible for up to 240 days per plan per year	70% after deductible for up to 240 days per plan per year
Urgent Care	100% after \$25 copay	100% after \$25 copay
Emergency Services	90% after deductible	70% after deductible

MENTAL HEALTH SERVICES

Inpatient Acute	90% after deductible for up to 60 days (subject to authorization)	70% after deductible up to 60 days
Partial Hospitalization	90% after deductible up to 120 partial days (subject to authorization)	70% after deductible to 120 partial days
Outpatient	90% after deductible (subject to authorization)	70% after deductible

MENTAL HEALTH CARE (Defined by DE Code, Title 18, Chapter 33, Section 3343)/SUBSTANCE ABUSE CARE

Inpatient Acute	90% after deductible	70% after deductible
Outpatient	90% after deductible (subject to authorization)	70% after deductible

OTHER SERVICES

Durable Medical Equipment	90% after deductible	70% after deductible
Skilled Nursing Facility	90% for up to 120 days per confinement	70% for up to 120 days per confinement
Emergency Ambulance	90% after deductible	70% after deductible
Physician Home/Office Visits (sick)	90% after deductible	70% after deductible
Specialist Care	90% after deductible	70% after deductible
Chiropractic Care	90% after deductible for up to 30 visits per plan year	70% after deductible for up to 30 visits per plan year
Allergy Testing/Allergy Treatment	90% after deductible	70% after deductible
X-Ray, Lab & Other Diagnostic Services	90% after deductible	70% after deductible
Short-Term Therapies: Physical, Speech, Occupational	90% after deductible (subject to authorization)	70% after deductible (subject to authorization)
Annual Gyn Exam/Pap Smear	100% covered, no deductible	70% covered, no deductible
Periodic Physical Exams, Immunizations, Diabetes Education	100% covered, no deductible	70% covered, no deductible
Vision Care	Not covered	Not covered
Hearing Tests	100% covered, no deductible	70% covered, no deductible
Hearing Aids	90% after deductible, under age 24	70% after deductible, under age 24

*Two individuals must meet the deductible each plan year in order for the family deductible to be met.

** Out-of-pocket maximums apply to each plan year and include your deductible but do not include your prescription costs.

Summary of Benefits



Comprehensive Preferred Provider Organization

This Summary of Benefits highlights the health plans available. After your health plan selection, you'll receive a Summary Plan Booklet delivered to your home address. All percentages listed below refer to Blue Cross Blue Shield of Delaware's allowable charges.

Description of Benefit	In-Network Benefits	Out-of-Network Benefits Deductible: \$300/\$600*
		Out-Of-Pocket Max: \$1800/\$3600 Including Deductible**
Inpatient Room & Board	\$100 copay/day with max. of \$200/admission	80% after deductible
Inpatient Physicians' and Surgeons' Services	100%	80% after deductible
Outpatient Services	100%	80% after deductible
Prenatal and Postnatal Care	100% (inpatient room and board copays do apply to hospital deliveries/birthing centers)	80% after deductible
Delivery Fee	100%	80% after deductible
Hospice	100%	80% after deductible up to 240 days
Home Care Services	100%	80% after deductible for up to 240 visits per plan year
Urgent Care	\$25 copay	80% after deductible
Emergency Services	\$125 copay (waived if admitted) Physician: 100%	\$125 copay (waived if admitted) Physician: 80% after deductible

MENTAL HEALTH SERVICES

Inpatient Acute	100% up to 60 days (subject to authorization and copays)	80% after deductible up to 60 days
Partial Hospitalization	100% up to 120 days (subject to authorization)	80% after deductible up to 120 days
Outpatient	100% after \$25 copay (subject to authorization)	80% after deductible

MENTAL HEALTH CARE (Defined by DE Code, Title 18, Chapter 33, Section 3343)/SUBSTANCE ABUSE CARE

Inpatient Acute	\$100 copay/day with max of \$200/adm.	80% after deductible
Outpatient	100% after \$25 copay (subject to authorization)	80% after deductible

OTHER SERVICES

Durable Medical Equipment	100%	80% after deductible
Skilled Nursing Facility	100% up to 120 days per confinement	80% after deductible up to 120 days per confinement
Emergency Ambulance	100%	100% no deductible
Physician Home/Office Visits (sick)	\$15 copay	80% after deductible
Specialist Care	\$25 copay	80% after deductible
Chiropractic Care	85% covered; 30 visits per plan year	80% after deductible; 30 visits per plan year
Allergy Testing/Allergy Treatment	Testing: \$25 copay/ Treatment: \$5 copay	80% after deductible
X-Ray, Lab & Other Diagnostic Services	Lab: \$5 copay per visit/X-ray: \$15 copay per visit	80% after deductible
Short-Term Therapies: Physical, Speech, Occupational	85%	80% after deductible
Annual Gyn Exam/Pap Smear	Exam: \$15 copay Pap Smear: \$5 copay	80% after deductible
Periodic Physical Exams, Immunizations, Diabetes Education	100% after \$15 copay	80% after deductible
Vision Care	Not covered	Not covered
Hearing Tests	100% after office visit copay	80% after deductible
Hearing Aids	100%, under age 24	80% after deductible, under age 24

*Two individuals must meet the deductible each plan year in order for the family deductible to be met.

** Out-of-pocket maximums apply to each plan year and include your deductible but do not include your prescription costs.

Summary of Benefits



HMO Plans

This Summary of Benefits highlights the health plans available. After your health plan selection, you'll receive a Summary Plan Booklet delivered to your home address. All percentages listed below refer to Blue Cross Blue Shield of Delaware's or Aetna's allowable charges.

Description of Benefit	Aetna	Blue Care
Inpatient Room & Board	\$100 copay/day with max of \$200/admission	\$100 copay/day with max of \$200/admission
Inpatient Physicians' and Surgeons' Services	100%	100%
Outpatient Surgery—Ambulatory Center	\$30 copay	\$30 copay
Outpatient Surgery—Doctor's Office Visit	\$20 copay	\$20 copay
Outpatient Surgery—Hospital	\$75 copay	\$75 copay
Prenatal and Postnatal Care	100% after \$20 initial copay (inpatient room and board copays do apply to hospital deliveries/birthing centers)	100% after \$20 initial copay (inpatient room and board copays do apply to hospital deliveries/birthing centers)
Delivery Fee	100%	100%
Hospice	100%	100% up to 240 days
Home Care Services	100% for up to 240 visits per plan year	100% for up to 240 visits per plan year
Urgent Care	\$20 copay	\$20 copay
Emergency Services	\$135 copay (waived if admitted)	\$135 copay (waived if admitted)
MENTAL HEALTH SERVICES		
Inpatient Acute	80% up to 30 days per plan year	80% up to 31 days per plan year
Partial Hospitalization	80%	80% up to 31 days per plan year
Outpatient	\$20 copay per visit/30 visits per plan year	\$20 copay per visits/20 visits per plan year
MENTAL HEALTH CARE (Defined by DE Code, Title 18, Chapter 33, Section 3343)/SUBSTANCE ABUSE CARE		
Inpatient Acute	\$100 copay/day with max. of \$200/hospitalization	\$100 copay/day with max. of \$200/hospitalization
Outpatient	\$20 copay per visit	\$20 copay per visit
OTHER SERVICES		
Durable Medical Equipment	80%, limited to \$5,000 per member per plan year	80%
Skilled Nursing Facility	100%	100%
Emergency Ambulance	\$50 copay	\$50 copay
Physician Home/Office Visits (sick)	\$10 copay per office visit \$25 copay per home or after hours visit	\$10 copay per office visit \$25 copay per home or after hours visit
Specialist Care	\$20 copay per visit	\$20 copay per visit
Chiropractic Care	\$20 copay per visit	\$20 copay first visit, then 80%/up to 60 consecutive days per condition
Allergy Testing/Allergy Treatment	\$20 copay per visit (allergy testing)/ \$5 copay per visit (allergy treatment)	\$20 copay per visit (allergy testing)/ \$5 copay per visit (allergy treatment)
X-Ray, Lab & Other Diagnostic Services	Lab: \$5 copay per visit/X-Ray: \$15 copay per visit	Lab: \$5 copay per visit/X-Ray: \$15 copay per visit
MRIs, CT Scans, PT Scans	\$25 copay per visit	\$25 copay per visit
Short-Term Therapies: Physical, Speech, Occupational	80%, 45 visits per condition for physical and occupational therapy combined/ 80%, 45 visits per condition for speech therapy	80%, 60 consecutive days/except for physical therapy. Physical therapy/45 visits per condition
Annual Gyn Exam Pap Smear	Exam: \$10 copay Pap Smear: \$5 copay	Exam: \$10 copay Pap Smear: \$5 copay
Periodic Physical Exams, Immunizations, Diabetes Education	\$10 copay per visit/100% Diabetes education	\$10 copay per visit/100% Diabetes education
Vision Care	100% after office visit copay (one exam every 24 months)	100% after office visit copay (one exam every 24 months)
Hearing Tests	100% after office visit copay	100% after office visit copay
Hearing Aids	80%, under age 24	80%, under age 24

2009 Health Plan Rates



	Total Monthly Rate	State Pays	Employee Pays
Aetna HMO <i>Administered by Aetna</i>			
Employee	\$485.34	\$462.68	\$22.66
Employee & Spouse	\$1,025.30	\$957.32	\$67.98
Employee & Child(ren)	\$742.94	\$703.34	\$39.60
Family	\$1,279.12	\$1,196.68	\$82.44
First State Basic Plan <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Employee	\$462.68	\$462.68	\$0
Employee & Spouse	\$957.32	\$957.32	\$0
Employee & Child(ren)	\$703.34	\$703.34	\$0
Family	\$1,196.68	\$1,196.68	\$0
BlueCARE® HMO <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Employee	\$485.78	\$462.68	\$23.10
Employee & Spouse	\$1,028.88	\$957.32	\$71.56
Employee & Child(ren)	\$743.76	\$703.34	\$40.42
Family	\$1,283.44	\$1,196.68	\$86.76
Comprehensive PPO Plan <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Employee	\$535.58	\$462.68	\$72.90
Employee & Spouse	\$1,111.70	\$957.32	\$154.38
Employee & Child(ren)	\$826.52	\$703.34	\$123.18
Family	\$1,389.80	\$1,196.68	\$193.12

When you enroll in a health plan, you will automatically be enrolled in the prescription drug plan managed by Medco.

* Rates listed above are per month.

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Prescription Coverage



When you enroll in a health care plan you will automatically be enrolled in the prescription drug plan managed by Medco Health Solutions, Inc. (Medco). The Coordination of Benefits (COB) policy also applies to prescription coverage. If your spouse or dependents have other health coverage that is primary (pays first), the prescription coverage provided through the State's plan for the spouse or dependents will become secondary.

Medco

The State of Delaware, in partnership with Medco, has designed and implemented a comprehensive prescription drug program to provide you with the medications required in a cost-effective and efficient manner. Your copays remain unchanged for the coming plan year.

Copay for diabetic supplies is \$0. If multiple prescriptions are filled for diabetic medications on the same date, only one copay is charged regardless of the number of diabetic medications filled. Contact Medco at 1-800-939-2142 for details on covered supplies.

CHANGES TO PRESCRIPTION PLAN AS OF JULY 1, 2009

Elimination of the 30 before 90-Day Smart Start Program

Beginning July 1, 2009, members will have the option of purchasing NEW maintenance medications, those medications that are taken on a long-term basis (for more than 3 months), for a 90-day supply, through a participating 90-day retail pharmacy or Medco mail order facility without first filling for a 30-day supply. Members who wish to ensure that the medication is effective and do not want to purchase more than a 30 day supply, after July 1, 2009, will be allowed to fill their NEW and existing maintenance medications for a maximum of three 30-day supplies. After obtaining three 30-day supplies, members will be required to purchase the maintenance medication as a 90-day supply. This results in savings for the member and the State of Delaware.

Your savings would be:

- **Generic** medication filled as three 30-day fills cost \$25.50 OR one 90-day fill cost \$17.00 with **savings of \$8.50**
- **Formulary** medication filled as three 30-day fills cost \$60.00 OR one 90-day fill cost \$40.00 with **savings of \$20.00**
- **Non-formulary** medication filled as three 30-day fills cost \$135.00 OR one 90-day fill cost \$90.00 with **savings of \$45.00**

Members who do not choose to fill a maintenance medication for a 90-day supply after filling the medication for three 30-day supplies, will be charged a co-pay equivalent to the applicable 90-day co-pay for the medication.

A prescription may be filled by:

- Taking a prescription to a participating 90-day retail pharmacy, see www.ben.omb.delaware.gov/script
- Mailing a prescription and payment with a completed *Medco By Mail Order Form*, see www.ben.omb.delaware.gov/script
- Asking your doctor to fax a prescription to Medco. Call 1-888-327-9791 for instructions. (Only your doctor can fax prescriptions.)

Please note: Some medications, certain controlled substances or medications that are prepackaged by the manufacturer are not available in a 90-day supply and any current quantity or plan limits remain in effect.

For a list of categories of maintenance medications, go to www.ben.omb.delaware.gov/medco or call 1-800-939-2142.

Prescription Coverage



The Coverage Review Process

The Coverage Review Process was designed to ensure that plan participants receive prescription medication that results in appropriate, cost-effective care. If you are taking any of the medications referenced in the programs below, Medco will review the prescriptions with your doctor before the prescription is filled if additional information is required. The Coverage Review Process uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines and usage that is considered reasonable, safe and effective. You, your doctor or your pharmacy may begin the Coverage Review Process by calling 1-800-753-2851 from 8:00 a.m. to 9:00 p.m., Monday through Friday. The Coverage Review Process usually takes two business days to complete upon receipt of necessary information. You and your doctor will receive written confirmation of approval or denial. The following programs fall under the Coverage Review Process:

Traditional Prior Authorization requires that you obtain pre-approval through a coverage review for certain medications. The review will determine whether your plan covers your prescribed medication. Examples of common medications that may require prior authorization are: Botox and Myobloc, Regranex, Synagis and Respigam, Xolair, medications that may have cosmetic uses, Erythroid Stimulants used for certain anemias, Growth Hormones used to stimulate skeletal growth and Psoriasis medications.

Step Therapy is an automated process used to determine whether you qualify for coverage using factors Medco has on file, such as medical history, drug history, age and gender. If your history does not qualify you for coverage, a prior authorization is required to permit coverage. Certain medications may not be covered unless you have first tried another medication or therapy. These medications are part of this process: Forteo, Revatio, COX-II Inhibitors such as Celebrex, injectable rheumatoid arthritis medications, select Proton Pump Inhibitors such as Acipex or Prevacid and select antidepressants such as Lexapro.

Quantity Duration Rules are in place for some medications which require a Coverage Review Process to request additional quantities. These include medications used to help you sleep such as Ambien and Lunesta, selected antifungal medications such as Sporanox and Lamisil, selected migraine medications such as Imitrex and Maxalt, selected nausea medication such as Anzemet and Zofran and erectile dysfunction medications such as Cialis and Viagra.

The Choice Program...Generic vs. Brand Drugs allows you to receive a brand name medication when a generic drug is available; however, you will be responsible for the generic copay plus the cost difference between the generic and the brand drug. If there is a medical reason why you cannot take the generic equivalent, you, your doctor or your pharmacist may initiate the copay appeal process to allow you to obtain the brand drug at the non-preferred cost.

Certain medications are not covered by the prescription drug plan including drugs for weight loss, allergy shots, reusable syringes, immunizations and injectable medication administered in the doctor's office.

NOTE: All drugs and categories listed above are subject to change.

2009 Prescription Copay Rates

**No Changes to Copays in 2009*

STATE OF DELAWARE PRESCRIPTION COVERAGE	TIER 1 GENERIC	TIER 2 PREFERRED	TIER 3 NON-PREFERRED
30-DAY SUPPLY	\$8.50	\$20.00	\$45.00
90-DAY SUPPLY	\$17.00	\$40.00	\$90.00

"Preferred" = Formulary

Copay on diabetic supplies through Medco is \$0. If multiple prescriptions are filled for diabetic medications on the same date, only one copay is charged regardless of the number of diabetic medications filled. Contact Medco at 1-800-939-2142 for details on covered supplies.

Questions About Your Prescription Coverage

If you have specific questions about medication or pharmacy participation, contact Medco's Member Services at 1-800-939-2142, 24 hours a day, 7 days a week. Pharmacists are available around the clock for medication consultations. Medco's website, www.medco.com offers extensive online resources, including health and benefit information and online pharmacy services.

2009

Employee Assistance Program (EAP)



Balancing the needs of work, family and personal responsibilities can be challenging. To make the balancing act a little easier, Human Management Services, Inc. (HMS) offers a place to turn for confidential assistance. The EAP offers face-to-face assessment and confidential counseling services to employees, pensioners and their dependents enrolled in a non-Medicare health insurance plan and offers confidential assistance in the following areas:

- Marital Relationships
- Family Issues
- Alcohol and Drug Abuse
- Child Care
- Parenting Issues
- Elder Care
- Productivity Problems
- Adolescent Issues
- Balancing Work and Family
- Financial Issues
- Stress Management
- Legal Issues
- Difficult Emotional Problems
- Grief and Loss

To receive an assessment and/or up to five short-term counseling sessions free of charge, call HMS at 800-343-2186 or visit HMS online at www.hmsincorp.com to access EAP or Work/Life services. If your HMS professional refers you to another provider for continued assistance you will incur out-of-pocket expenses. Additional information may be viewed at www.ben.omb.delaware.gov/eap

• **Log into the HMS website using the following:**

Username: **Delaware**
Password: **statehms04**

Blood Bank of Delmarva

FIRST FACT!

Every 3 seconds someone needs blood. One pint of blood can save 3 lives. It only takes 1 hour to give blood.

Blood Bank of Delmarva

The State of Delaware provides Blood Bank of Delmarva membership to full-time, permanent State employees as a paid benefit. Part-time employees pay an annual fee of \$5, which is deducted on the first pay of the calendar year or the first pay after enrolling in the Blood Bank.

Membership in the Blood Bank covers you, your spouse and your dependents for any amount of blood needed. In return, the Blood Bank will ask that you “provide” a pint of blood about once every 22 months. You may donate in one of three ways: give the blood yourself, have a friend or loved one give for you or pay the current cost of one pint of blood in our area.

Active State employees enrolling in the Blood Bank for the first time must enroll online through eBenefits and also complete the paper Blood Bank application available from your organization’s Human Resources Office or from the Statewide Benefits, OMB website at www.ben.omb.delaware.gov/blood. The completed application

must be returned to your Human Resources or Benefits Office no later than May 20, 2009.

PLEASE NOTE: If your membership in the Blood Bank has been terminated due to non-fulfillment of your Blood Bank obligation, please contact the Blood Bank directly to discuss reinstatement. If you have any questions about the Blood Bank, please call toll-free at 1-888-825-6638, or in New Castle County, 302-737-8400.

2009

About Your Dental Plan



Delta Dental and Dominion Dental Services administer the State's dental programs for 2009.

Remember:

Enrollment in any of these dental plans is a Binding Election until next year's open enrollment. If you are enrolling in a managed care plan—Dominion Dental HMO—before you enroll make sure your dentist participates in the plan you select. You cannot change plans or drop coverage during the plan year if your dentist decides to no longer participate in the plan. You will be given the opportunity to choose another participating dentist. Call before enrolling to be sure the dentist is accepting new patients.

Delta Dental PPO Plus Premier Plan

This program allows you to visit any dentist you choose and receive applicable benefits. You'll save the most if you visit a dentist who participates with Delta Dental. You do not have to pick a primary care dentist; you are free to choose any dentist for any covered service at any time.

Your Delta Dental program gives you access to two Delta Dental dentist networks at once that offer different degrees of savings. You can choose a dentist from the larger Delta Dental Premier® network or one from the smaller Delta Dental PPO network, which features lower allowances and lower out-of-pocket costs or a dentist who does not participate with Delta Dental. Your choice of dentists can determine the cost savings you receive.

Delta Dental payments vary by service, based on Delta Dental's schedule of allowed amounts for its networks. Reimbursement maximums and deductibles apply. Your annual reimbursement maximum is \$1500 per plan year per participant. Delta Dental dentists cannot balance bill above the allowed amount for covered services. Additional information can be viewed at www.ben.omb.delaware.gov/dental/delta including a dentist directory or by contacting Customer Services at 1-800-873-4165.

Dominion Dental HMO Plan

Dental Plan 605xs

Dominion's Dental Health Maintenance Organization (DHMO) plan emphasizes prevention and early detection of dental problems. As a managed care dental plan, carefully selected, established members of the dental community are contracted to deliver quality dental services. Select any general dentist from the list of participating dentists to receive care. The DHMO plan offers extensive coverage for over 250 services at premiums 16% to 40% lower than the PPO plan.

Benefits include no charge for oral examinations, routine semi-annual cleanings, bitewing X-rays and topical fluoride for children (after the \$10 office visit copay). These procedures account for over 65% of dental services most frequently performed for adults and almost 90% of the most frequently performed services for children! More extensive care (fillings, crowns, dentures, root canals, periodontal care, oral surgery, orthodontics, etc.) is covered at fees up to 65% lower than usual and customary charges. Specialty care is provided at the listed copayment, whether performed by a participating general dentist or a participating specialist. Referrals to a specialist must be made by the member's participating general dentist.

Features Include: No deductibles, no waiting periods, no pre-authorization paperwork, no maximum annual dollar limits, no pre-existing condition exclusions and no claim forms.

Additional information can be viewed at www.ben.omb.delaware.gov/dental/dom or by calling 1-888-518-5338.

¹Based on utilization data provided by independent actuaries.

	Total Monthly Rate	State Pays	Employee Pays
Dominion Dental HMO <i>Administered by Dominion Dental</i>			
Employee	\$20.36	\$0.00	\$20.36
Employee & Spouse	\$34.10	\$0.00	\$34.10
Employee & Child(ren)	\$41.30	\$0.00	\$41.30
Family	\$48.50	\$0.00	\$48.50
Delta Dental PPO Plus Premier <i>Administered by Delta Dental</i>			
Employee	\$24.48	\$0.00	\$24.48
Employee & Spouse	\$49.96	\$0.00	\$49.96
Employee & Child(ren)	\$49.04	\$0.00	\$49.04
Family	\$81.84	\$0.00	\$81.84

About Your Statewide Supplemental Benefit Plans



These plans are available to all benefit eligible active State Employees and Pensioners. Long-Term Care and Auto/Home Insurance are also available to eligible family members. Information is provided regarding your Statewide Supplemental Benefit options in this section. The benefit options available through this program are as follows:

- **Vision Insurance through VSP® Vision Care**—Enrollment during Open Enrollment only.
- **Legal Insurance Plan through ARAG®**—Enrollment during Open Enrollment only.
- **Auto/Home Insurance through Liberty Mutual**—Enrollment is open year long.
- **Pet Insurance through 24Petwatch Pet Insurance®**—Enrollment is open year long.
- **Long-Term Care Insurance through John Hancock**—Enrollment is open after initial eligibility period with proof of insurability.

***Note:** Vision coverage and Group legal are **Binding Elections**. Once enrolled, you may not drop coverage during the plan year and must wait until the next annual open enrollment period to terminate coverage.

You can access information on all of these Supplemental Benefit Programs by logging on to your SmartSavings Discount Marketplace:

1. Go to: **<https://smartsavings.motivano.com>**
2. Login using the following –
Username: delaware
Password: delaware05
3. Create your own unique username and password
4. Once you've created your own username and password, you will use them to log into the site.

If you need assistance please call Motivano's Customer Care Team at 1-866-664-4603. Customer Care hours are Monday through Friday from 8:30 a.m. to 8:30 p.m. ET. You can also email us at **CustomerCare@Motivano.com**.

Vision Benefit through VSP® Vision Care

You only want the best for your eyes and VSP can keep them healthy. Good health and clear vision don't just happen. You need personalized care with annual eye exams, the right glasses or contacts, and a continuous program to catch and treat problems before they become serious health issues. With VSP coverage, you'll keep your eyes healthy while getting great savings on frames, contacts and laser vision correction.

For more information or to enroll or change coverage visit **www.vsp.com/go/stateofdelaware** or call 1-800-400-4569

We have exciting news for 2009!

In 2008, your elective contact lenses were covered up to \$105, and frames up to \$120. In 2009, your elective contact lens and frame benefits will increase to a \$160 allowance! And you'll enjoy this significant increase in your vision benefits with no change in your vision contributions. Get complete plan and coverage information at **www.ben.omb.delaware.gov/programs/supplements/vision**.

Your Monthly Contributions

Employee Only	\$9.09 per month
Employee & Spouse	\$14.32 per month
Employee & Child(ren)	\$14.62 per month
Employee and Family	\$23.58 per month

Don't miss your chance to enroll.

Open enrollment is May 4 – May 20. If you don't enroll during open enrollment, you must wait until the next open enrollment period in 2010. **THIS IS A BINDING ELECTION, SO YOU MAY NOT DROP COVERAGE DURING THE PLAN YEAR.**

Questions?

Online: **www.vsp.com/go/stateofdelaware** - Call: 800.400.4569

2009

2009 Open Enrollment - State of Delaware

About Your Statewide Supplemental Benefit Plans



Legal Insurance Plan through ARAG®

Affordable, Flexible Legal Protection

As a State of Delaware employee/pensioner, you have access to professional attorneys, identity theft case managers, financial counselors and other valuable resources to help you protect all that you work so hard to maintain. **Attorney fees for most covered matters are 100% paid-in-full when you use a network attorney.** Your legal plan is designed to cover your everyday legal needs.

For more information or to enroll or change coverage visit <https://members.ARAGgroup.com> or call 1-800-247-4184

- Employee Only = \$18.06 per month
- Family = \$22.32 per month

***NOTE:** Group legal is a **BINDING ELECTION**. Once enrolled, you may not drop coverage during the plan year and must wait until the next annual open enrollment period to terminate coverage.

** Limitations and exclusions apply. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG, LLC, ARAG Services, LLC or Advisory Communication Systems, Inc., depending on the product and state. Some products are only available through membership in the ARAG Association LC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.*

Auto/Home Insurance through Liberty Mutual

State of Delaware employees and pensioners qualify for auto, home and renters insurance discounts through Liberty Mutual's Group Savings Plus® program. You could receive a discount of up to 10% off Liberty Mutual's auto and home insurance rates. This is possible through Group Savings Plus® - a program that provides an exclusive group discount to employees.

** Discounts and credits are available where state laws and regulations allow, and may vary by state. Certain discounts apply to specific coverages only. To the extent permitted by law, applicants are individually underwritten; not all applications may qualify.*

*** Service applies to auto policyholders and is provided by Cross Country Motor Club of Boston, Inc., Boston, MA or through Cross Country Motor Club of California, Inc., Boston, MA. A consumer report from a consumer-reporting agency and/or motor vehicle report on all drivers listed on your policy may be obtained where state laws and regulations allow. Contact Liberty Mutual directly with questions. Coverage provided underwritten by Liberty Mutual Insurance Company and its affiliates.*

For more information or to enroll visit <https://smartsavings.motivano.com> or call 1-866-664-4603.

Pet Insurance through 24Petwatch Pet Insurance®

Don't forget about the medical needs of your beloved family dog or cat. One in three pets will need emergency veterinary treatment each year. 24Petwatch Pet Insurance offers you the most flexible, affordable way to eliminate the financial stress of paying for your pet's unexpected medical costs. Enjoy a 10% group discount.

For more information or to enroll visit <https://smartsavings.motivano.com> or call 1-866-664-4603.

- You have two different options for your method of payment:
- Payroll deduction: promotion code: br987-276
- Direct Payment from your banking or credit card account: promotion code: br987-277

Long-Term Care Insurance through John Hancock

Long-term care insurance is a benefit offered through John Hancock that can help you protect your financial resources and provide peace of mind to you and your family should you or a family member need care. This plan is designed to offer access for affordable coverage that will provide benefits for most long-term care expenses.

For more information or to enroll visit <https://smartsavings.motivano.com> or call 1-866-664-4603.

For all Statewide Supplemental Benefit Program information visit
www.ben.omb.delaware.gov/programs/supplements.

About Your Statewide Supplemental Benefit Plans



Motivano's SmartSavings Marketplace

SmartSavings is a member only discount marketplace that provides you with access to hundreds of brand name retailers and local merchants—all from one website. SmartSavings negotiates the best deals, offers exclusive access to special offers and discounts, and regularly updates the offers to help you stretch your hard-earned dollars. From clothing to vacations, event tickets and computers, you'll find it all on SmartSavings!

To access SmartSavings:

1. Go to <https://smartsavings.motivano.com>
2. Click on Account Login, SmartSavings Marketplace:
 - Username: delaware
 - Password: delaware05

If you need assistance, please call Motivano's Customer Care Team at 1-866-664-4603. Customer Care hours are Monday through Friday from 8:30 a.m. to 8:30 p.m. ET. You can also email us at CustomerCare@Motivano.com.

Insurance Company	Benefits Plan	Toll-Free Number	Payment Options
Liberty Mutual	Auto and Home Insurance	1-800-730-6901	<ul style="list-style-type: none">• Payroll deduction• Direct bill• Automatic transfer from your personal checking or savings account
John Hancock	Long-Term Care Insurance	1-800-432-9724	<ul style="list-style-type: none">• Payroll deduction
ARAG	Legal Services	1-800-247-4184	<ul style="list-style-type: none">• Payroll deduction
VSP	Vision Insurance	1-800-400-4569	<ul style="list-style-type: none">• Payroll deduction
PetCare	Pet Insurance	1-866-275-7387	<ul style="list-style-type: none">• Payroll deduction• Direct payment from your banking or credit card account

Other Active Statewide Benefit Programs

Group Universal Life Insurance Program

The Group Universal Life Insurance program, underwritten by Minnesota Life, combines life insurance protection with the ability to accumulate cash value on a tax-advantage basis. It is also designed to follow employees through their careers and life changes. Please go to the Statewide Benefits Office, OMB website at www.ben.omb.delaware.gov/life for additional information on Group Universal Life (GUL), Dependent Life and Accidental Death & Dismemberment Coverage.

Pre-Tax Commuter Benefit Program

The State of Delaware's Pre-Tax Commuter Benefit Program will allow you to save 25% or more on the money you set aside to help pay for your out-of-pocket parking, van pooling or mass transit expenses incurred as you travel to work. The money is deducted pre-tax, meaning you avoid paying Federal and State income tax and FICA taxes on the money you set aside.

Additional information can be viewed at www.ben.omb.delaware.gov/commuter.

2009

State of Delaware – Spousal Coordination of Benefits Policy – Active Employees



The State of Delaware Spousal Coordination of Benefits Policy was instituted on January 1, 1993. The policy states that **if**:

- the state employee's spouse is employed by another employer, **and**
- that employer offers group health coverage, **and**
- the employer pays at least 50% of the premium for the lowest employee only plan, **then**, the spouse must obtain coverage as primary through his/her employer.

The Spousal Coordination of Benefits Policy form must be completed in order to cover your spouse in one of the State of Delaware Group Health Insurance medical plans. The completed form is used to determine a spouse's eligibility to receive primary coverage through the State of Delaware health benefits.

If you cover your spouse in one of the State of Delaware Group Health Insurance medical plans, you MUST complete a new Spousal Coordination of Benefits form each year during Open Enrollment and anytime your spouse's employment or insurance status changes. Failure to complete this form will result in a reduction of spousal benefits.

You may complete the form online at www.ben.omb.delaware.gov/documents/cob or you may complete the form on page 17 and submit it to your Human Resources or Benefits Office no later than May 20, 2009.

* If you and your spouse are both benefit-eligible State of Delaware employees/pensioners, you must still complete a Spousal Coordination of Benefits form for the health care carrier's records. A box is located on the Spousal Coordination of Benefits form to confirm your spouse is a benefit eligible State of Delaware employer or pensioner.

REMINDER! If completing the form online, please print a copy of your submission and retain the copy for your records.

Are You and Your Spouse Eligible for Double State Share (D.S.S)?

If you and your spouse are both benefit-eligible State of Delaware employees/pensioners then you are eligible for Double State Share (D.S.S.). (Medical plan names beginning with "D.S.S." are Double State Share Plans).

- Husband and wife eligible for Double State Share may choose two individual plans, an employee/spouse plan, or a family plan.
- When electing an "Employee and Spouse" or "Family" medical plan and you choose a D.S.S. plan the Employee Share portion of the medical plan with the State of Delaware, is at no cost to you.
- The spouse whose birthday occurs first in the calendar year will carry the coverage and must enroll on-line through eBenefits and the other spouse must choose the "waive" coverage option when selecting a health benefit. This selection will not impact their enrollment under their spouse's plan.

Delaware Code states that the increment of cost for the options selected by the two employees, which exceeds the cost of two First State Basic family plans, shall be deducted from their salary or pension. Please note: At this time, no two combinations of options which may be chosen exceed the cost of two First State Basic family plans; therefore, there is no cost to the employee eligible for Double State Share.

Please keep in mind that Double State Share is not under the control of the State Employee Benefits Committee; therefore, the benefit remains in place at this time. Should the legislature amend the Delaware Code regarding Double State Share following open enrollment and such amendments impact the contribution rates of Double State Share members, those affected will be provided an opportunity to change medical plans. For up to date information on any changes, please go to www.ben.omb.delaware.gov/oe.

Spousal Coordination of Benefits Policy Form



State of Delaware

PLEASE PRINT ALL INFORMATION REQUESTED

Check Carrier: ☐ Blue Cross ☐ Aetna

YOUR FULL NAME - Last, First, Middle Initial		YOUR HOME PHONE - Include area code	
YOUR SOCIAL SECURITY NUMBER		Are you and your spouse both benefit eligible State of Delaware employees or retirees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPOUSE'S FULL NAME - Last, First, Middle Initial	SPOUSE'S SOCIAL SECURITY NUMBER	<input type="checkbox"/> Male <input type="checkbox"/> Female	SPOUSE'S BIRTH DATE / /

SPOUSE INFORMATION

My spouse is: <input type="checkbox"/> Not Employed <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired		
NAME AND ADDRESS OF SPOUSE'S EMPLOYER (If spouse is a benefit eligible State of Delaware employee, simply write State of Delaware in this box and sign/date form)		SPOUSE'S EMPLOYER PHONE NUMBER Include Area Code
Does your spouse's employer offer medical insurance to employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your spouse enrolled in medical insurance through his or her employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a High Deductible Plan with a Health Savings Account (HSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not enrolled, what percentage of the premium of the lowest benefit employee only plan would your spouse be required to pay? * <i>*Flexible benefits and credits apply toward employer's contribution</i>
What is the name of your spouse's medical insurance carrier?	What is your spouse's plan policy number? Effective Date:	Annual plan renewal date for your spouse's employer: Month: Day:
Does your spouse's medical plan cover prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your additional comments:	
If you are completing this form due to your spouse's loss of coverage please indicate the termination date of that coverage.		Date:

AUTHORIZATION

I understand that the following policy applies to spouses who regularly work full-time and are eligible for medical coverage through their own employers:

- This information will be shared with the State of Delaware's plan administrator(s).
- If spouses take advantage of their own employer's medical coverage, their plans pay their benefits first. Then the State of Delaware will pay additional covered expenses, if any, up to the maximum allowed under our employee's family benefit plan, not exceeding a limit of 100% coverage from both plans combined.
- If spouses do not take advantage of their own employer's medical coverage, the State will pay 20% of covered services provided by the employee's State of Delaware benefit plan.

I understand this form must be completed in order to cover my spouse on my State of Delaware Group Health Insurance plan. The form is used to determine a spouse's eligibility to receive primary State of Delaware health benefits. Generally, the following spouses are eligible for primary coverage:

- Spouses not working full time, or
- Spouses whose employer does not offer medical coverage, or
- Spouses whose employers require a contribution of more than 50% of the premium for the lowest benefit employee only plan available.

If any of this information changes, I must complete a new form within 30 days.

Notice to all parties completing this form: To insure benefits are coordinated properly between employers, the State of Delaware will verify the accuracy of information by conducting audits, contacting you, and contacting your spouse's employer. It is fraudulent to fill out this form with any information which is false or to omit important facts. Providing false information may result in disciplinary action.

Please return completed form to your organization's Human Resources or Benefits Representative.

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT

Employee's Signature

Date: / /

A complete copy of the State of Delaware's Spousal Coordination of Benefits Policy can be found online at www.ben.omb.delaware.gov/documents/cob

Notes:



2009

This image shows a full page of white paper with horizontal grey ruling lines. The lines are evenly spaced and run across the width of the page. In the bottom-left corner, the year "2009" is printed in a large, light-grey font.

Benefits Health Fairs



Mark Your Calendar to Attend a Health Fair!

If you have questions about the 2009 Open Enrollment or your benefits, please attend a benefit health fair scheduled at various site locations in each county. Health Fair dates and location information are listed below:

Date	Time	Location	Address
Kent County			
Wednesday, May 6, 2009	10 a.m. - 2 p.m.	Delaware Technical and Community College, Terry Campus Education & Technology Building – Room 727	100 Campus Drive • Dover, DE 19901 Directions: www.dtcc.edu/terry/pages/directions.html
Monday, May 11, 2009	2 p.m. - 6 p.m.	Delaware Hospital for the Chronically ILL (DHCI) Candee Building	100 Sunnyside Road • Smyrna, DE 19977 Directions: http://www.dhss.delaware.gov/dhss/main/maps/dhci/cndebldg.htm
Sussex County			
Monday, May 4, 2009	10 a.m. - 2 p.m.	Delaware Technical and Community College, Owens Campus Carter Partnership Center - Room 540 A-H	Rte. 18 • Georgetown, DE 19947 Directions: www.dtcc.edu/owens/directions
Friday, May 15, 2009	2 p.m. - 6 p.m.	DHSS Stockley Center All-Star Building	Rte. 113 • Georgetown, DE 19947 Directions: http://www.dhss.delaware.gov/dhss/main/maps/stockley/stockley.htm
New Castle County			
Friday, May 8, 2009	10 a.m. - 2 p.m.	Delaware Technical and Community College, Stanton Campus Conference Rooms A116/A114	400 Stanton Christiana Road Newark, DE 19713 Directions: www.dtcc.edu/stanton-wilmington/maps/stanton_map.htm
Wednesday, May 13, 2009	2 p.m. - 6 p.m.	Carvel State Building 2nd Floor Mezzanine	820 N. French Street Wilmington, DE 19801 Directions: http://www.delawarepersonnel.com/admin/office/locations.shtml

2009

Phone Numbers and Websites

Company Name	Phone Number	Website
Aetna	1-877-542-3862	www.aetna.com
Blue Cross Blue Shield of Delaware	302-429-0260 or 1-800-633-2563	www.bcbsde.com
Human Management Services, Inc. (HMS) (Employee Assistance and Work/Life Program)	1-800-343-2186	www.hmsincorp.com USERNAME: Delaware PASSWORD: statehms04
Medco	1-800-939-2142	www.medco.com
Delta Dental	1-800-873-4165	www.deltadentalins.com/ stateofdelaware
Dominion Dental Services	1-888-518-5338	www.dominiondental.com
Blood Bank of Delmarva	302-737-8400 or 1-888-825-6638	www.delmarvablood.org
Motivano, Statewide Supplemental Benefits Administrator	1-866-664-4603	www.motivano.com USERNAME: delaware PASSWORD: delaware05
Ceridian, COBRA Administration	1-800-877-7994	www.ceridian-benefits.com
Office of Pensions	302-739-4208 or 1-800-722-7300	www.delawarepensions.com
Elder Information Hotline	1-800-336-9500	
Statewide Benefits Office, Office of Management and Budget	302-739-8331 or 1-800-489-8933	www.ben.omb.delaware.gov



State of Delaware
Active Employees